

CORRECTED DIRECTIVE

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTIVE 2003-012

February 25, 2003

GUIDELINES FOR THE USE, MAINTENANCE, AND RETRIEVAL OF NATIONAL DOCUMENTATION TEMPLATES AND ELECTRONIC ENCOUNTER FORMS

1. PURPOSE: This Veterans Health Administration (VHA) Directive announces the formal distribution and guidelines for the use, maintenance, and retrieval of nationally-developed templates and electronic encounter forms.

2. BACKGROUND

a. Over the last few years, there has been an increasing focus on the importance that documentation plays in supporting VHA's mission to provide high quality health care for the Nation's veterans. Quality medical record documentation is important when caring for the health care needs of the individual veteran, but it is equally important on a much broader level. Documentation is integral to the revenue cycle by ensuring that financial resources are available to Department of Veterans Affairs (VA) facilities to meet the health care needs of the veteran population. Appropriate and accurate documentation of the medical care rendered is critical for assigning Current Procedural Terminology-4 (CPT-4) and International Classification of Diseases, ninth edition, clinical modification (ICD-9-CM) codes for third party billing, Veterans Equitable Resource Allocation (VERA), strategic planning, and research.

b. The VHA Revenue Cycle Improvement Plan (September 2001) recognized medical record documentation as a vital part of the revenue cycle and recommended development and implementation of nationally standardized documentation templates and electronic encounter forms for use in VHA facilities.

c. Documentation templates have been developed for primary care, mental health, eye care, acute and extended care history and physicals, attending notes, physical, medical, rehabilitation, and surgery to support quality documentation and billing. **NOTE:** *Any future nationally-developed documentation templates are covered under this directive.*

d. The goal of the nationally-developed templates is to produce a final product that supports quality documentation and coding, is user friendly, efficient, and meets compliance criteria. In addition, these templates: avoid duplicative documentation; incorporate instructional text to avoid omission of appropriate information; take advantage of the newest Computerized Patient Record System (CPRS) Graphical User Interface (GUI) template functionality; and eliminate the duplication of manpower required to create templates at each facility. The national templates were designed to support a minimum documentation standard and may be edited at the facility level. Additional national and/or local template fields, patient data objects, and template dialogs can be added. These templates collect only textual information and are not intended to replace other local data capture mechanisms such as: clinical reminder dialogs reports, automatic capture of Clinical Warnings, Allergies and Advance Directives (CWAD) entries, etc., as functionality to capture this information is not currently supported in Text Integration Utilities (TIU).

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e. Seventeen standardized electronic encounter forms for use in CPRS have been developed and are being distributed nationally. Use of the electronic forms will improve the accuracy of encounter capture and population of the problem list by reducing errors that arise from reliance on paper encounter forms and manual data entry. In addition, standardization ensures that codes and code descriptions meet VHA coding guidelines and reduces the initial need for 100 percent validation of each encounter form by site. These “multi-page” encounter forms greatly expand the choices and specificity of diagnoses available for selection. Nationally distributed encounter forms developed for use with CPRS are not to be printed. Additionally, they will reduce the number of write-in diagnoses and improve the specificity of data capture.

3. POLICY: It is VHA policy that VHA facilities import and install the nationally-developed templates and electronic encounter forms to maximize the use of CPRS.

4. ACTION

a. **Network Directors.** Network Directors must ensure that electronic encounter forms to optimize and enhance medical record documentation and the revenue cycle are implemented at all VHA facilities by October 1, 2003.

b. **Facility Directors and Chiefs of Staff.** Facility Directors and Chiefs of Staff must ensure that:

(1) Nationally-developed templates are installed and available for use at the local level to meet minimum documentation and coding requirements. ***NOTE:** The nationally-developed progress note templates are not mandated and may be implemented in their current form or with local additions and/or modifications that enhance user efficiency and acceptability. Sites using other tools for progress note documentation should ensure that the core content elements of the national documentation templates are mirrored in all currently available documentation tools.*

(2) Essential guidance and tools that support quality documentation and data capture are provided to the clinical staff responsible for documenting clinical information in conformance with local medical staff by-laws and national and local documentation policies.

(a) Nationally approved electronic encounter forms are being distributed via patches to the Integrated Billing Software Package (IBD). The first patch, IBD*3.0*48, was released on July 8, 2002, and contained the Primary Care and Mental Health encounter forms. IBD*3.0*49 was released on December 11, 2002, and IBD*3.0*50 will be released in the near future. Nationally approved document templates are being announced to members of the CPRS List Server e-mail distribution list via e-mail messages. Enrollment can be accomplished by entering the person’s name and preferred e-mail distribution address on the Veterans Health Information Systems and Technology Architecture (VistA) University CPRS Web Page at <http://vaww.vistau.med.va.gov/vistau/cprs/CPRSlistserv.htm>.

(b) Each CPRS List Server e-mail message contains a narrative stating the name of the templates, the appropriate use of the templates, and some frequently asked questions. Template dialogs and template fields have been uniquely named to avoid confusion with locally created template dialogs and fields. Individual components of the templates to build templates for other

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specialties, template dialogs, and dialog fields, must be copied to local namespaces and must be renamed when incorporating into other template dialogs. The templates must initially be imported into the test account.

(c) A full list of approved templates will reside and can be retrieved at any time by referencing the Health Information website:
<http://vaww.va.gov/health/him/VHACC/vaphyspage.htm>. The website provides associated narrative guidance including copies of the e-mail message, patch descriptions, and this Directive.

(d) The electronic encounter forms are to be maintained at a national level until further notice. The documentation templates will remain on the Health Information website for 1 year from the date of issuance. At that time, a review will be conducted to determine if a need still exists for these specific templates. If not, they will be removed from the website at that time.
***NOTE:** Any additional templates developed as part of this process will be distributed in the same manner.*

(e) Training in the use of templates and/or the creation of templates is available from each facility's clinical application coordinator(s) or clinical informatics staff. Training in the use of electronic encounter forms is available from each facility's health information management staff or automated data processing application coordinator(s).

(3) Only those elements not currently supported by CPRS (e.g., drawings and flow sheets) are documented on paper.

***NOTE:** Additional blocks can be added to the encounter forms to facilitate data capture for clinical reminders, performance measures, and for ease of provider use where necessary.*

(4) VHA staff at local sites responsible for the creation and maintenance of document templates within CPRS are appropriately enrolled in the CPRS List Server.

5. REFERENCES: None.

6. FOLLOW-UP RESPONSIBILITY: The Director Information Assurance (19F) is responsible for the contents of this Directive. Questions may be referred to this office at (760) 777-1750.

7. RECESSIONS: None. This VHA Directive expires February 28, 2008.

Robert H. Roswell, M.D.
Under Secretary for Health

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